N13000008969

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TO: Amendment'Section

Division of Corporations				居
THE HE	ARTBEAT FOUNDATION	CORP.		
N1300000896				DEC 14 PH 2: 1
The enclosed Articles of Amendment and	fee are submitted for filing.			<u> </u>
Please return all correspondence concerni	ng this matter to the following	::		
ANDREA FERREIRA				
	(Name of Contac	et Person)		
ASSURED ACCOUNTING AND TAX S	SERVICES			
	(Finn/ Comp	oany)		
3350 NW 22ND TER STE 200-B				
	(Address	3)		
POMPANO BEACH, FL 33069				
· · · · · · · · · · · · · · · · · · ·	(City/ State and 2	Lip Code)		
LUCIANO@THEHEARTBEATFOUND	ATION.ORG			
E-mail address	: (to be used for future annual	report notificatio	n)	
For further information concerning this ma	atter, please call:			
ANDREA FERREIRA		954 at	793-0353	
(Name of Co	ntact Person)	(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amo	unt made payable to the Flori	da Department of	State:	
	iling Fee & \$\sum \$\\$43.75 \text{ Filing } \\ e \text{ of Status} \text{Certified Copy} \\ \text{(Additional conclosed)} \end{array}	Certii py is Certii (Add	60 Filing Fee ficate of Status fied Copy fitional Copy is osed)	
Mailing Address		Street Address		

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE HEARTBEAT FOUNDATION CORP.		
(Name of Corporation	n as currently filed with the Florida Dept. of State)	
N13000008969	<i>?</i> :	
(Docum	ment Number of Corporation (if known)	
amendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the	e corporation:	
	The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	rd "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." ne.	
B. Enter new principal office address, if applica	able: 3211 PORT ROYALE DR. SOUTH # 11A	
(Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	(SBOX) 3211 PORT ROYALE DR. SOUTH # 11A	
	FORT LAUDERDALE, FL 33308	
D. If amending the registered agent and/or registered agent and/or the new registered	sistered office address in Florida, enter the name of the ered office address:	
N CN D	LUCIANO SAMELI	
Name of New Registered Agent:	3211 PORT ROYALE DR. SOUTH # 11A	
V 5 (200 11)	(Florida street address)	
New Registered Office Address:		
	FORT LAUDERDALE 33308	
New Registered Agent's Signature, if changing I	(Cipt) (Zip Code)	
I hereby accept the appointment as registered agen		
	-	
(-	X	
	Signature of New Registered Agent, if changing	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach udditional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V <u>Mi</u></u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	C	JORGE NUNES	816 SE 9TH ST # E
Add			DEERFIELD BEACH, FL 33441
XX Remove			
2) Change	VP	KENNY NASSAR	3200 N.OCEAN BLVD # 1903
XX Add			FT, LAUDERDALE, FL 33308
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	<u>icles, enter change(s) here</u> : (Be specific)
***************************************	1 11 10 10 10 10 10 10 10 10 10 10 10 10
	CANADA
	1.44.14
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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		12/08/2016	
	e date of each amendment e this document was signed		, if other than the
Effective date if applicable:		12/08/2016	
		(no more than 90 days after amendment file date)	
<u>Not</u> doc	e: If the date inserted in the ument's effective date on the effective date of the effec	is block does not meet the applicable statutory filing requirements, this ne Department of State's records.	s date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amen proval.	dment(s)
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was lirectors.	is/were
	Dated	2016	
	Signature (D.)	Chairman or vice chairman of the board, president or other officer-if d	
	have r	ot been selected, by an incorporator if in the hands of a receiver, trustourt appointed liduciary by that fiduciary)	stee, or
	LU	CIANO SAMELI	
	<u></u>	(Typed or printed name of person signing)	
	PR	ESIDENT	
		(Title of person signing)	